

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
<b>RCE Fee 1.17(e):</b>					
Total Claims:	12	- 20	= 0	x \$50.00	= \$0.00
Independents	3	- 3	= 0	x \$200.00	= \$0.00
			First presentation of any Multiple Dependent Claims:	+ \$360.00	= \$0.00
				CLAIMS FEE TOTAL:	= \$790.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$120.00	0	\$0.00
[ ] Extension for response filed within the second month:	\$450.00		\$0.00
[ X ] Extension for response filed within the third month:	\$1,020.00		\$1,020.00
[ ] Extension for response filed within the fourth month:	\$1,590.00		\$0.00
[ ] Extension for response filed within the fifth month:	\$2,160.00		\$0.00
	EXTENSION FEE SUBTOTAL:		\$1,020.00
	EXTENSION FEE ALREADY PAID:		\$110.00
	EXTENSION FEE TOTAL		\$910.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$910.00
[ ] Small Entity Fees Apply (subtract ½ of above):			\$0.00
[ ] Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
	TOTAL FEE:		\$1700.00

- [ ] Please charge Deposit Account No. 19-0741 in the amount of \$1700.00. A duplicate copy of this transmittal is enclosed.
- [ X ] A check in the amount of \$1700.00 to cover the filing fee is enclosed.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 14, 2004

By Phillip J. Articola

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